

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4431AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2008
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 8351 W HAMMER LANE LAS VEGAS, NV 89149		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual state licensure survey and complaint investigation conducted at your facility on July 24, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 total beds.</p> <p>The facility had the following category of classified beds: Ten category 2 beds.</p> <p>The facility had the following endorsements: Residential facility for the elderly or disabled persons.</p> <p>The census at the time of the survey was 7. Eight resident files were reviewed and 7 employee files were reviewed.</p> <p>There was 1 complaint investigated. CPT #14764 Unsubstantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	<p>Continued From page 1</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p> <p>NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p>	Y 103		

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Y 103	<p>Continued From page 2</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph</p>	Y 103			

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Y 103	<p>Continued From page 3</p> <p>(g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist.</p> <p>Based on interview and record review, the facility when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. The facility failed to document current Tuberculin screening test results for 1 of 7 employees (#7).</p> <p>Findings include:</p> <p>Employee #7 was hired on 03/20/06. The file documented a two-step Tuberculin screening test result dated 08/22/05. The file documented a one-step test dated 05/07/07. The file lacked documented evidence of an annual Tuberculin screening test for 2008.</p> <p>On 07/24/08 in the evening, the administrator acknowledged Employee #7's file lacked current Tuberculin screening test results.</p> <p>Severity: 2 Scope: 1</p>	Y 103		
Y 178 SS=D	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209</p> <p>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p>	Y 178		

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Y 178	Continued From page 4 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain an electrical outlet in the southeast bedroom with three beds. Findings include: On 07/24/08 in the morning, the east wall in the southeast bedroom had an outlet lacking a cover-plate, and its receptacle was crumbling away, exposing the metal with live electrical current. On 07/24/08 in the morning, the administrator observed the aforementioned outlet and acknowledged the needed repair. Severity: 2 Scope: 1	Y 178		
Y 179 SS=E	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to screen each window capable of being opened. Findings include:	Y 179		

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Y 179	Continued From page 5 On 07/24/08 at 10:00 AM, a facility tour revealed the following unscreened windows: 1. Bedroom #1 2. Laundry Room 3. The southern window in the southeast corner bedroom with three beds 4. The bedroom west of the northeast corner bedroom 5. The bedroom two rooms west of the northeast corner bedroom On 07/24/08 at 10:00 AM, the administrator observed one screen covered with dirt at the front of the house but lacked a response for the other missing screens. Severity: 2 Scope: 2	Y 179			
Y 898 SS=F	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review, the facility	Y 898			

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Y 898	<p>Continued From page 6</p> <p>failed to follow medication orders or lacked medication orders for 6 of 8 residents (#1, #2, #4, #5, #6, and #8).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #1 was admitted to the facility on 07/01/08. The July 2008 medication administration record (MAR) indicated a half tablet of Xanax .25 milligrams twice daily as needed, but the record lacked documented evidence of a physician order for Xanax. 2. Resident #2 was admitted to the facility on 07/02/08. The July 2008 MAR indicated Albuterol, Nystop Powder, and Calamine Lotion as needed, but the record lacked documented evidence of physician orders for them. None of the three medications was administered. 3. Resident #4 was admitted to the facility on 02/20/08. The record contained a physician order for Tylenol as needed, but the July 2008 MAR failed to list it. 4. Resident #5 was admitted to the facility on 09/15/06. The record contained a physician order for Albuterol Inhalation as needed, but the July 2008 MAR listed Albuterol Inhalation as needed twice daily. <p>The record contained an order for Restoril 15 milligrams as needed; the July 2008 MAR listed Restoril 30 milligrams as scheduled, but the medication supply lacked Restoril. The facility failed to correctly order and maintain the supply as well as transcribe the physician's order properly.</p> <p>5. Resident #6 was admitted to the facility on</p>	Y 898			

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Y 898	Continued From page 7 07/11/08. The record contained an order for scheduled Tylenol, but the July 2008 MAR listed Tylenol as needed. The record contained an order for Lorazepam as needed every 8 hours, but the July 2008 MAR listed Lorazepam as needed every 6 hours. The record contained an order for Milk of Magnesia as needed, but the July 2008 MAR failed to list it. 6. Resident #8 was admitted to the facility on 08/11/06. The record contained an order for Tigan as needed; the medication supply contained Promethazine as needed, but the July 2008 MAR failed to list either one. The medication supply contained Nitroquick as needed, but the record lacked a physician order, and the July 2008 MAR failed to list it. 7. On 07/24/08 in the evening, the administrator acknowledged medication order/medication administration record/medication supply discrepancies for the above residents. Severity: 2 Scope: 3	Y 898		
Y 936 SS=E	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 936		

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Y 936	<p>Continued From page 8</p> <p>the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120)</p> <p>1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person</p>	Y 936			

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Y 936	Continued From page 9 qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in	Y 936			

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Y 936	Continued From page 10 respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure	Y 936			

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Y 936	<p>Continued From page 11</p> <p>that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>Based on record review and interview, the facility failed to document current Tuberculin screening test results for 3 of 8 residents (#5, #7, and #8).</p> <p>Findings include:</p> <p>Resident files contained only the following Tuberculin screening test results:</p> <p>1. Resident #5 was admitted to the facility on 09/15/06. The resident had a two-step result dated 09/22/06 but lacked a one-step for 2007 and 2008.</p> <p>2. Resident #7, was admitted to the facility on 03/20/06. The resident had a two-step result dated 09/20/05, a one-step result dated 10/20/06, and a one-step result dated 04/24/08. The file lacked a result for 2007.</p> <p>3. Resident #8, was admitted to the facility on 08/11/06. The resident had a two-step result dated 09/13/06 and a one-step result dated 07/08/08. The file lacked a result for 2007.</p> <p>On 07/24/08 in the afternoon, the administrator indicated resident files should contain Tuberculin</p>	Y 936		

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Y 936	Continued From page 12 screening test results. The facility failed to provide any of the above required Tuberculin screening test results. Severity: 2 Scope: 3	Y 936			
Y 940 SS=D	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to document an annual activities of daily living assessment for 1 of 8 residents (#5). Findings include: Resident #5 was admitted to the facility on	Y 940			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4431AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/24/2008
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 8351 W HAMMER LANE LAS VEGAS, NV 89149		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 940	<p>Continued From page 13</p> <p>09/15/06; the file lacked an annual activity of daily living assessment for 2007.</p> <p>On 07/24/08 in the afternoon, the administrator indicated resident files should contain activities of daily living assessments.</p> <p>The facility failed to provide the above assessment.</p> <p>Severity: 2 Scope: 1</p>	Y 940			

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